## ENTRY BLANK-PLEASE TYPE OR PRINT

1211

☐ Ms./Artist ☑ Mr./Artist	Arnold Tuns						
Permanent	4 3 6 1/ 1	(last name last)					
Address	114 A BECK A						
	Street	City					
44302	Daytime Tel. ( Z ) (	1 538 - 5300					
Zip	are	a					
Temporary or Studio Address							
	Street	City					
	Daytime Tel. ( 214	1867-1662					
Zip	are						
If you do not presently live in one of the counties of the Western Reserve, in which county where you born?							
Collaborator (if any)							
✓ Artist will pi     ✓ Museum sho	ntries are not accepted or are no ck up at Museum. buld dispose of. buld ship to artist at artist's exp						
	Street						
	Street						
City	State	Zip					
Special Instructions							

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Hudd S. Juscott

I have received the unsold/unaccepted object(s) in good condition.

Signature 7

Turk

## ENTRY BLANKS

Detach entire portion along dotted line and submit with slides, but retain tags

A Pain				otography specify category)	
Materials used (me	edia):				
Hand Colo	red B+W	Pri	1 +		
Title					
Price or NFS	Insurance Value if NFS Only		Size // " X // "		
\$ 140 00			height x width x depth		
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☐ Scul	pture   Crafts	3	(spe	cify category)	
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Title	Ties L	ē R	2)		
Price or NFS	Insurance Value		Size , "		
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NOT ACCEPTED	50/3/	NOT A	CCEPTED	DATE	
				1-20	